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Salute e Società

New models of governance and health system integration

edited by
Fosco Foglietta
Franco Toniolo

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FrancoAngeli srl, viale Monza 106, 20127 Milano, tel. 02/2837141
Ufficio abbonamenti: fax 02/2895762, e-mail: riviste@francoangeli.it
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PREFACE

Fulvio Moirano*

It is with great pleasure that I take the opportunity to introduce this volume, which summarizes the critical analysis on the issue of New governance models in Healthcare. It is well known that the issue generates great interest from both the socio-political and programmatic perspectives, and in latest months has been sparking off a panel discussion, at both the National and International levels. The conference "New Governance models in Healthcare and socio-health integration. A comparison between some Italian Regions", which was held in Ravenna at the beginning of 2011, represented a defining moment in this debate.

The scope of the meeting was to observe, discuss and explore the Italian scenario, in order to identify interesting and relevant interpretations with a view to shifting from integration to social inclusion. Moving forward on subsequent levels of analysis, the discussion enabled to:

- place the analysis within a conceptual framework that is sensitive to the implications of healthcare federalism in relation to the Regional welfare models;
- grasp the relevant features of the focuses on some Regional governance experiences, as well as integration models implemented across social and health areas.

The participation and accurate contribution of several stakeholders to the conference give evidence of the relevance of the debate. Furthermore, it is worth mentioning that several Italian Regions expressed their willingness to be subject and object of critical analysis, so as to enhance knowledge and provide useful ideas and tools for strategic planning. Such an analysis is of particular value when issues concerning transformation processes in healthcare, and subsequent governance choices, are given special attention. Consequently, local governance is increasingly taking the form of mindful participation in the framework of the so-called community welfare.

* Fulvio Moirano is the Director of Agenzia nazionale per i servizi sanitari regionali (Agenas), dir@agenas.it

This view is consistent with the mandate Agenas has been assigned by the State-Regions Conference of the 20th September 2007 – particularly for what concerns Empowerment at community, organizational and citizens level. As a result of such a mandate, Agenas operates according to a methodology based on discussion and sharing with the Ministry of Health and the 21 Regions/Autonomous Provinces in activities of coordination and scientific-methodological – organizational support to the dissemination, implementation and inter-regional transfer of the good practices for empowerment.

In this circumstance, I think it would be helpful to confirm both the interest for the aspects of health systems governance and the attention given by institutional actors to the discrepancy that frequently occurs between health systems and welfare systems. As is clear from the debate and stressed several times in this volume, if health policies are to be rightfully considered within the welfare framework, it is worth considering that health systems do not always fit – sometimes being even in contrast – with the welfare systems within which they are created.

Inspired by the above mentioned Conference and in order to give further evidence of the relevance of the issues – which will be extensively analyzed in this volume – Agenas, together with Ca' Foscari University, has launched a project whose aim is to identify the transformation processes implemented in health and social systems of the Italian Regions, and the possibility of placing these changes in the wide range of European welfare systems.

The general objective of this project is to compare the different health systems of the Italian Regions starting with some key-variables. The research aims to deepen five regional experiences (Lombardia, Veneto, Emilia Romagna, Toscana, Puglia), representative of innovative organizational models in the range of Regional health systems. For that reason, ongoing experiences related to Regional and local governance and planning, with specific reference to health policies and socio-health integration policies, have been collected, analyzed and disseminated.

In the upcoming months, the results of the research project will be disseminated. Here, however, I think might be useful to mention ongoing activities carried out by Agenas and Ca' Foscari University, dealing with: on the one hand, the consideration given by institutional actors to the ongoing critical analysis; on the other hand, the request for a dialectical approach to the issue, in order to keep paying careful attention to the new welfare models and the transformation processes related to them.

Being aware of the need to give a conceptual framework to the key-elements proposed by the experts who contributed to this volume, I hope the scenarios outlined will provide further inspiration and strengthen an

approach aimed at ensuring a prompt and coherent response to the changing health needs of citizens. In concluding, we can say that the fundamental principle expressed by Law 833 in terms of guarantee of equity of access and quality of health services and, in light of the contributions shown in this volume, of the socio-health network, is pursued.

EDITORIAL

Valorio Alberti*

The transition and the current epidemiological framework, as well as the emerging new needs, are the new challenges for health care. The reference model used to address such complexity is based on a global/systemic approach, able to create cross-sectoral partnerships with joint responsibility in order to efficiently and effectively manage health care in a specific geographical area.

Health Services competition is measured by the ability of health systems to "*attack and drive*" the community's emerging needs both on health and cultural level.

So the scenery, diverse in terms of medical proposals and social demands, imposes two major goals on health care system:

- making the medical scientific progress and technology innovations of proven effectiveness (e.g. new drugs, new equipment, etc.) accessible to all citizens in a context of dwindling resources;
- implementing or reinforcing a model to help the community managing the growing prevalence of chronic diseases with a simultaneous weakening of traditional family support networks.

The first issue involves an in-depth intervention on the system's specific components: development of the evaluation area, in terms of skills, technologies and organizational models based on the appropriateness of care; planning of interhospital networks made of reference centers and connections with multiple peripheral realities; development of quality and safety, both connected to *service operations management*.

This perspective strongly commits the health facilities management in all its components (managerial, professional, etc.) and takes place primarily within the Health Services.

The second issue moves his theater of action within the community; it involves institutional and *non-institutional* elements, like local hospital, local administrations, third sector (associations, cooperatives, etc.) in the

* Valerio Alberti is the General Director of ULSS n. 3 Bassano del Grappa (VI). direttore.generale@aslbassano.it

planning of the services network, designed to detect needs and create a simplified logic flow of response to the citizen, to consolidate its relations with the territory in a logic of "*person/user management*".

This approach is characterized by the unified vision of the supply system, also shown in the National Health Plan, in terms of determinants of health (socio-economic status, education, lifestyles, social networks, community networks, etc.).

The enhancement of socio-medical home care interventions with a major involvement of General Practitioners and the strengthening of local social services that support family network, are prerequisites for the development of an integrated model.

Consequently, a complementary governance system with social-health care integration must be based on the actual activation of the "care in the community" and on the implementation of integrated community networks, policies and strategies that are developed in a synergistic way to define cross-sectoral agreements capable of influencing the services offered to citizens and increasing individual awareness and community empowerment.

INTRODUCTION

Fosco Foglietta*

The present volume discusses two aspects which are present, and of basic importance, within any welfare model: "governance" and "integration".

1. Governance

The first aspect tends to represent the multiple forms of relations between powers, roles and behaviors expressed by institutional and social actors, with the aim to share, and define jointly, the contents of the assistential strategies, on the one hand, and the modalities of intervention in the coherent development of such contents, on the other.

Therefore, "governance" lives on an involvement which is manifested differently by the public bodies, whose mandate is defined within "institutional integration", and by the non-public, social, associative components, whose contribution varies according to the several interpretations of the participative paradigm.

Eleven of the works composing the volume (among "Essays", "Comparisons", "Experiences" and "Debates") discuss, in fact, the concept of *participation*.

Usually, the considerations – all of which are interesting, documented and justified – are prevalently positioned on the fronts of analysis and denounce, rather than on innovative proposals. On the whole, we can summarize in the following terms the arguments advanced as an effort to present an interpretative key of the "state of the art", for what concerns the participation phenomena within the dynamics of local "governance" (therefore those who have, as their institutional interlocutors, the Health Authorities, the hospitals, cities and provinces):

* Fosco Foglietta is president of the board of directors for the company CUP2000; Visiting Professor at the Universities of Bologna and Ferrara, he served as General Director for some Health Authorities of the Emilia-Romagna Region for eleven years. fosco.foglietta@gmail.com

- almost anywhere – in international experiences as well as in those coming from regional Italian contexts – we can notice a more or less profound dyscrasia between the focus and the emphasis placed by the various regulations on the necessity to develop participative processes (aiming to "increase the weight" of the contributions by the forms of representation of the civic society, in the definition of the locally planned contents), and the actual realization of such processes;
- such sort of impotent intentionalism, which widens the distance between the declared intentions and their applicative expression, constitutes an evident cause and, at the same time, is also a partial effect of two negative phenomena which several authors tend to remark:
  – the citizens' (and users') representations are selected through associative forms which express an extremely high coefficient of self-referentiality, and within which the mechanisms for the identification of "leaderships" (the physical persons who actually sit at the planning tables and participate in the organisms required by the local "governance") suffer from scarce democracity and a modest turnover;
- even when some attention is visibly placed on the unfolding of participative processes, and a formal check is performed (at times, some monitoring and/or academic research has been conducted), the "focus" of the attention and the object of the research coincide with the ascertainment of a correct process dynamic, and with the verification of the compliance to procedural rules (convocations; actual presences; elaborative outcomes and so forth). In almost no occasion the results (outcomes) of such processes have been ascertained, by trying to document in which terms the proposals, advices, indications, contributions provided by non-institutional representations have permeated both the projects' contents and the consequent decisional choices, and to what degree they later turned into concrete actions.

In addition, it does not seem particularly useful to seek a remedy for these criticalities through two (cultural, conceptual) attitudes which are substantially antithetic:

- the first is the belief, according to which it is impossible to regain new stimuli to relaunch the correct implementation of participative dynamics, which are always more marginal and dispersed, given the ineluctability of a conflict which is neither solvable through the autogenic revision, by the public component, of its own role and its own powers; nor surmountable through a balance of power which considers the progressive atomization of associative representations as a factor of total weakness;
- conversely, there is an illuminist precognition of an upcoming "golden age", when the rising of information and communication instruments, of high informatics technology, shall lead to overcome the indispens-

ability of representation, and shall allow every citizen to have a direct dialogue with the system's professionals. This way, a possibility is let appear, that is, to solve the problem of conditioning the assistential strategies of the system itself according to the user's capability to personalize the dialogue with the operators, by involving them in a very pressing "empowerment" logic.

Essentially, I believe I can grasp, in the analyses expresses by the majority of authors, an evident strabismus suffered by the framework where the participative experiences, which must sustain the non-institutional governance, take their place:

- on the one hand, we can notice many efforts to perfect the normative assumptions (especially at the regional level) which could favor the slow progress of a development of participative spaces, also through the preparation of information instruments, of both preventive and accounting nature;
- on the other hand, the testimony provided by much praxis is merciless, given the evident loss of meaning in their keeping within the participative rituals.

1.1. *Governance and crisis*

Nevertheless, regardless of increasing small and huge frustrations, it still remains the hope that the long walk towards a truly involving and participative "governance" will not dry up out of consumption, and instead will be relaunched by some new spark, some contextual (socio-economic, political, cultural) fresh element, some sort of unexpected, but powerful event. Therefore, hope can be nourished by the dramatic, and yet potentially creative element which is represented by the current economic crisis: a general crisis, of economic-financial nature; but is it also, and consequently, a particular crisis which questions any Welfare System about its solidity capabilities? The answer requires some further investigation.

For what concerns the health, socio-health and social systems, the Italian characteristics of such crisis are clearly evident.

The "trend" determined by the endemic and growing frailty of our debt-to-GDP ratio, and by the consequent necessity to stretch the time needed to ensure the balancing of accounts through massive doses of expense reduction and an increase in the management efficiency, will not, in fact, be brief, and will hold the Italian Health System in check for at least the next three years (2012-2014).

At the moment, the National Health Fund is at zero growth; moreover, a decrease in the historical levels of funding is found in the absence of less or more consistent injections of regional resources (resulting from